

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001834

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 13

300
1-57

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rock Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rock Township
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Antonia, Mo. Life.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) near Antonia, Mo.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Carl Middle J. Last Klable			4. DATE OF DEATH Month Jan Day 27 Year 1959		
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 17, 1896	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 6 Days 3	IF UNDER 24 HRS. Hours 3 Min. 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) near Antonia, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Joseph Klable	13b. MOTHER'S MAIDEN NAME Theresa Bauer	14. NAME OF HUSBAND OR WIFE Sophia Nee Kohler
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 493-36-1750	17. INFORMANT Sophia Klable Imperial, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) H2O
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20c. TIME OF INJURY Hour 4:20 Month, Day, Year	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ANTONIA	20f. CITY, TOWN, OR LOCATION JEFFERSON	COUNTY MO.	STATE
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21. I attended the deceased from **June 1958** to **Jan 1959** and last saw him alive on **Jan 27-1959**
Death occurred at **7:15 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. J. H. Haefliger	(Degree or title) D. S. 3	22b. ADDRESS ANTONIA MO.	22c. DATE SIGNED 1/28/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 30, 59	23c. NAME OF CEMETERY OR CREMATORY Antonia Cemetery	23d. LOCATION (City, town, or county) Antonia, Mo.
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24. FUNERAL DIRECTOR Heiligttag--Imperial, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-30-59	26. REGISTRAR'S SIGNATURE Robert E. Bauer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AIT diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William H. Buckley*

Licensed Embalmer No. *3872*

P. O. Address *Bay Mills*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.